

CITY OF MILWAUKEE HEALTH DEPARTMENT
Disease Control and Environmental Health
841 North Broadway, Room 304
Milwaukee, Wisconsin 53202
(414) 286-3674

PLAN REVIEW INFO SHEET

Date: _____

Location: _____

Project Name: _____

Full Plan _____ Partial Plan _____ Plan Fee _____ Date Paid _____

Send Plan
Letter To:

Property Owner: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

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Contractor: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

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Architect: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

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Licensee: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

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Primary Contact Person: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

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